

State Use Only	
Staff:	_____
Accounting:	_____
Check No:	_____
Check Date:	_____

Missouri Department of Economic Development
Community Development Block Grant Program
Request for Funds Form (RFF)

RFF#	_____
Date	_____
Amount of this request	_____
\$	_____

Name of Recipient: _____ Project # _____

Period of Contract: _____ to _____ Contract # _____

Instructions Submit the originally signed form to: CDBG Program, ATTN: RFF, Department of Economic Development PO Box 118, Jefferson City, MO 65102. The grantee must keep one copy for their files. The form must be typed and free of corrections. If an entry is an even dollar amount, include to the entry (example \$1203.00)

Section 1: Amount of Funds Requested

(A) payment due: _____

(B) (less) cash on hand: _____

(C) (less) amount of RFF due: _____

(D) (plus) cash balance desired: _____
(\$1,000 maximum)

(E) amount of this request \$ _____ -

Section 2: Status of Funds

(F) CDBG grant award: _____

(G) (plus) program income: _____

(H) total funds (F+G) \$ _____ -

(I) previous CDBG funds received: _____

(J) RFF due: _____

(K) amount of this request: _____

(L) total (I+J+K): \$ _____ -

(M) remaining CDBG funds (F-L) \$ _____ -

Note: Funds in excess of \$1,000 must be spent within 5 days or returned to DED. Make check Payable to State of Missouri.

Section 3: Identification of Program Costs

Identify all individual payments of \$1,000 or more. Individual payments less than \$1,000.00 may be totalled and entered on the Miscellaneous line. Attach an additional sheet if necessary.

PAYEE/details	PROGRAM ACTIVITIES (Taken from Grant Contract Agreement Appendix A/Funding Approval)	AMOUNT
	Description	Number
Miscellaneous (Total of payments under \$1,000 each)		
RFF Due		
Total (must equal Section I, Line A)		\$ _____ -

Section 4: Authorized Signatures

I hereby affirm that the information above is true and correct, and the funds requested will be used according to the conditions of the CDBG grant agreement with the State of Missouri.

Typed name: _____ Signature: _____ Date: _____

Typed name: _____ Signature: _____ Date: _____

Only authorized persons may sign the RFF form, and they must do so in the same manner as the signature card.

Preparer: _____ Telephone No. _____